FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25066	2. Fiscal Year Covered From:	
	1/1/2005 Through: 12/31/2005	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Robert K SANTAMOOR-	Name I UE-COUA INDUSTRIAL DIVISION	
	Labor Organization File Number 0 00-188	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1991 STARford Bridge Rd	Street 5 01 Thind STREET H.W.	
City STITLWATER	city washing Ton	
State NEW YORK ZIP Code +4 / 2170	State DisTRICT of Columbia ZIP Code + 4 20001-2797	
5. Position in labor organization. ChAIRMAN OF IUE/CWA/GE CONFERENCE BOARD		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any). Name 6-extern/ ElecTric Co.	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any:	Collective banganing step III Crievance meeting a Dinner
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 3/35 EASTON TURN PIKE	
City FAir Cield	#Ce1.00
State CONNI. ZIP Code + 4 0 6 431	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	1
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed Robert R. Santamoor	on 03/04/06	518-885-7700
	Date '	Telephone Number

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1. File Number U-	2. Fiscal Year Covered From:
	1/1/2005 Through: 12/31/2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Robert K SANTAMOOR-	Name I UE-COUA INDUSTRIAL DIVISION
	Labor Organization File Number 000-188
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 199A STAFFORD BRIDGE Rd	Street 5 01 Thind STREET H.W.
City STITLENATER	City WAShing TON
State NEW YORK ZIP Code +4 1 2170	State DisTRICT of Columbia ZIP Code + 4 20001-2797
5. Position in labor organization. Chairman of IUE/	CWALLE CONFERENCE BOARD

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any). Name & extern & ElecTric Co. Trade Name, if any: & E.	7.a. Nature of Interest, Transaction, or Income. Ole/20/2005 Collective BARGANING STEP III GRIEUANCE MEETING AND DINNER
P.O. Box, Bldg., Room No., if any Street 3 1 35 EASTON TURN PIKE	7.b. Amount.
city FAIR Field	115.72
State COHNI. ZIP Code +4 O 6 431	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert 2. Santamoor	On 03/04/06	518-885-7700
	Date [']	Telephone Number

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	1/1/2005 Through: 12/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert K SANTAMOOR-	Name I UE-COUA INDUSTRIAL DIVISION
	Labor Organization File Number Ο ω ω - 1 88
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 199A STAFFORD BRidge Rd	Street 5 01 Thind STREET H.W.
city STITILWATER	City WAShing TON
State NEW YORK ZIP Code + 4 1 2170	State DisTricT of Columbia ZIP Code + 4 20001-2797
5. Position in labor organization. Chairman of IUE/	CWA/GE CONFERENCE BOARD

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

(except as specified in the excitations set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name GENERAL ElecTRIC CO.	Collective BARGANING, STEP 111	
Trade Name, if any: C. E.	collective BARGANING, STEP III GRICUMICE MEETING & DINNER	
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street 3/35 EASTON TURN PIKE		
city FAIR Cield	\$51.01	
State CONN, ZIP Code +4 06431		
	······································	

Signature

15. Signature and vertication. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Robert	\mathcal{K} .	San	Tamoor
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On 03/09/06

518-885-7700

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1. File Number U-	2. Fiscal Year Covered From:		

1. File Number U -	2. Fiscal Year Covered From:
	1/1/2005 Through: 12/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert K SANTAMOOR-	Name I UE-COUA INDUSTRIAL DIVISION
	Labor Organization File Number ク
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 199A STARLORD BRIDGE Rd	Street 5 01 Thind STREET H.W.
City STITLWATER	City WASh ING TON
State NEW YORK ZIP Code +4 / 2/70	State DisTricT of Columbia ZIP Code + 4 20001-2797
5. Position in labor organization. Chairman of IUE/	EWA/GE CONFERENCE BOARD

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name 6-creen Electric Co. Trade Name, if any: 6-E.	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 02/10/2005 BUSINESS MEETING REPALSH MENTS
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 3/35 EASTON TURN PIKE	
city FAIR Cield	429.00
State COHN, ZIP Code +4 06431	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	4
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed Robert R. Santamoor	On <u>03/09/</u> 2	06 518-885-7700 Telephone Number
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E	

1. File Number U -	2. Fiscal Year Covered From:		
	1/1/2005 Through: 12/31/2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Robert K SANTAMBOR-	Name I UE-COUA INDUSTRIAL DIVISION		
	Labor Organization File Number 000-188		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 19912 STAfford Bridge Rd	Street 5 01 Thind STREET H.W.		
City STITLEWATER	City WASh ING TON		
State NEW YORK ZIP Code + 4 / 2/70	State DisTricT of ColumbiazIP Code + 4 20001-2797		
5. Position in labor organization.	WALLE CAMPENERE BOARD		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income. 03/03/2005
Name G-CHERAL ElecTRIC CO.	Business Dinner
Trade Name, if any: 6., 8.	
P.O. Box, Bldg., Room No., if any	
Street 13 1 12 FT To a Tour TT 12 13 14 15	7.b. Amount.
Street 3135 EASTON TURN PIKE	
city FAIR Field	\$60.00
State COMMI. ZIP Code +4 06431	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert R. Santamoor	On 03/09/06	518-885-7700
	Date	Telephone Number

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1/1/2005 Through: 12/31/2005 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name RoberT Name I UE-COUA INDUSTRIAL DIVISION K SANTAMOOR-Labor Organization File Number 000-188 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 5 01 Thind STREET H.W. 199A STAFFORD BRIDGE Rd City STILLWATER City WASh : NY TON State DisTRICT of Columbia ZIP Code + 4 20001-2797 State NCW YORK ZIP Code +4 / 2/70 5. Position in labor organization. ChAIRMAN OF ILLE/CWA/GE CONFERENCE BOARD

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name GENERAL ElecTRIC CO.	7.a. Nature of Interest, Transaction, or Income. 06/27/2005 CINCINNATI SERVICE Shop BUSINESS STATUS DINNER MEETING
Trade Name, if any: \mathcal{L}_{\sim} , \mathcal{E}_{\sim}	Business STATUS WINNER MEETING
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 3135 EASTON TURN PIKE	
city FAIR field	#30.00
State CONNI. ZIP Code + 4 0 6 431	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
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Signed	Robert	\mathcal{X} .	San Tamoor	On	03/04/06	518-885-7700
					Date '	Telephone Number

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	1/1/2005 Through: 12/31/2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Robert K SANTAMOOR-	Name I UE-COUA INDUSTRIAL DIVISION		
	Labor Organization File Number O OO-188		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 199A STAFford Bridge Rd	Street 5 01 Thind STREET H.W.		
City STITLWATER	City WASh ING TON		
State NEW YORK ZIP Code +4 1 2170	State DisTRICT of Columbia ZIP Code + 4 20001-2797		
5. Position in labor organization. Chairman of IUE/	CWA/GE CONFERENCE BOARD		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income. 06/21/ 2005
Name G-EMERAL ElecTRIC CO.	Collective BARGAMINY
Trade Name, if any: C., E.	Collective BARGAMINY STEP III CASES GRICUANCE MEETING AND DIMMER
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 3/35 EASTON TURN PIKE	
city FAIR field	Fleo.00
State COMMI, ZIP Code +4 06431	
State COMM, ZIP Code + 4 O G H 3 i	

15. Signature and vertication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
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undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert R. San Tamoor	On	03/04/06	518-885-7700
		Date [′]	Telephone Number

E

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	1/1/2005 Through: 12/31/2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Robert K SANTAMOOR.	Name I UE-CWA INDUSTRIAL DIVISION		
	Labor Organization File Number 000-188		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 199A STAFford Bridge Rd	Street 5 01 Thind STREET H.W.		
City STITIEMATER	City WAShing TON		
State NEW YORK ZIP Code +4 1 2170	State DisTRICT of Columbia ZIP Code + 4 20001-2797		
5. Position in labor organization. Chairman of IUE/	CWA/GE CONFERENCE BOARD		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name GENERAL ElecTRIC CO.	Collective BARGARITMILY STEP III G-Rievances
Trade Name, if any: $\mathcal{C}_{\mathcal{S}}$, $\mathcal{E}_{\mathcal{S}}$.	STEP III G-RIEUMNESS AND OUTING
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 3135 EASTON TURN PIKE	
city FAIR Cield	948.60
State COHM, ZIP Code + 4 O 6 431	

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Signed	Robert	H.	San Tamoor	On	03/04/06	518-885-7700	
					Date [*]	Telephone Number	